

I urge my colleagues to make a Federal commitment to help provide coverage for the 45 million Americans across the country who deserve a guaranteed health insurance system because one in three Americans without health insurance is one too many, and these are the families that are out there looking for leadership in the House of Representatives.

PRESIDENTIAL VOTE FOR RESIDENTS OF PUERTO RICO

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Puerto Rico (Mr. FORTÚÑO) is recognized for 5 minutes.

Mr. FORTÚÑO. Mr. Speaker, tomorrow the United States Court of Appeals for the First Circuit will hear the case of Gregorio Igartua-de la Rosa, et al., vs. United States of America. This landmark case deals with the right of U.S. citizens who reside in Puerto Rico to vote for the President and Vice President of the United States.

The right to vote for those who govern us is a hallmark of the democratic principles on which our Nation was founded. Universal and equal suffrage is not only a core value of this Nation's political system, but has been recognized by the international community as a fundamental civil right. Despite this broad consensus in favor of the right to vote, U.S. citizens who reside in Puerto Rico have for 88 years been denied the right to vote for the U.S. Government officials who make and administer the Federal laws to which they are subject.

Take special heed of the fact that this discriminatory and undemocratic state of affairs does not just apply to Puerto Ricans, who are U.S. citizens by virtue of having been born in a U.S. territory, but to any U.S. citizen who becomes a resident of Puerto Rico.

To clearly illustrate this point, if President George Herbert Bush, our 41st President, had chosen to retire in Puerto Rico instead of Texas, he would not have been able to vote for his son, our current President, George W. Bush. If any of my colleagues who are listening to me today and who are my colleagues in the 109th Congress elected to move to Puerto Rico after they retire from Congress, they would not be able to vote for the President of the United States.

This separate and less-than-equal class of U.S. citizenship for residents of Puerto Rico has placed the 4 million U.S. citizens who are residents of Puerto Rico in an indefinite denial of equal national citizenship, particularly at a time of national sacrifice in the cause of global democracy and freedom, where Puerto Ricans have contributed equally, many even making the ultimate sacrifice.

It is not my intention to dictate what the Court of Appeals for the First Circuit will decide. As a lawyer, I have always been respectful of the separation between the legislative and judi-

cial branches of government, but I trust that the court will do us justice.

I invite all of my fellow Members of this 109th Congress to monitor the court's decision because, in so doing, they will be exposed to the fact that the central problem facing the citizens of Puerto Rico is that they have been denied their most basic rights of self-determination, not by court decisions, but by congressional inaction.

In 1899, the United States first entered into a treaty which provided that the civil rights and political status of the residents of Puerto Rico shall be determined by the Congress. A full century has passed, but Congress still has not implemented any political resolution procedure that will enable residents of Puerto Rico to determine their form of self-government under a non-colonial, non-territorial alternative.

As most of my colleagues know, I am a firm believer in statehood for Puerto Rico, but I fully respect the right of my countrymen to freely choose the status choice of their preference, be it as a State of the Union, an independent Republic, or as a Republic associated with the United States.

The important element has to be that all viable alternatives be non-colonial and non-territorial in nature. Until this process of free self-determination is completed, Congress will not have fully discharged its responsibility.

HONORING CRAIG WASHINGTON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Speaker, I am going to rise tonight to talk about a pressing problem of health care, but before I do, I want to associate my remarks with the gentleman from Texas (Mr. POE), my colleague and neighbor, on Craig Washington.

Congressman Washington replaced Mickey Leland, if anybody could replace Mickey Leland, in this House; and I served as a State house member and State senator with Craig. I can only say and echo what the gentleman from Texas (Mr. POE) said, who I know saw him across from his bench many times, as he was both a brilliant lawyer and statesman, but also one of the most intelligent people I have known.

Again, I want to associate myself with those remarks and thank the gentleman from Texas (Mr. POE) for doing that for Craig.

COVER THE UNINSURED WEEK

Mr. GENE GREEN of Texas. Mr. Speaker, I rise tonight to talk about one of the most pressing problems facing the health care system in our country, the growing number of uninsured. Every year since 2000, an additional million Americans have joined the ranks of the uninsured.

The Robert Wood Johnson Foundation recently reported that the number of individuals without any health in-

surance in our country rose to 45 million this year. This is a problem that we literally cannot afford not to address.

In my hometown of Houston, we are proud to have the world-famed, world-class Texas Medical Center. Some of the most innovative and life-saving research and treatment developments are being discovered in our own backyard. The problem is that too many of our neighbors cannot access these life-saving treatments because they lack health insurance.

My State of Texas ranks number one in uninsured adults, with 31 percent of adult Texans living without health insurance. The statistics for the Houston area are just as troubling with more than 31 percent of our Harris County residents living without health insurance.

When a third of the State and country's population is without health insurance, I think it is safe to say this problem has reached crisis proportions. The increase in the number of uninsured is due, in part, to the changing nature of health care in our country.

Gone are the days when we could count on our employers to provide comprehensive health insurance for us and our families. With health insurance costs reaching \$10,000 per year, low-wage workers cannot fend for themselves.

With full-time minimum-wage workers bringing home roughly that much each year, they cannot spend the bulk of their earnings on health insurance, and many small businesses are finding that they simply cannot afford to purchase health insurance for their employees.

As a sideline, not only small businesses, but some of our larger businesses, whether it be General Motors or Shell Oil, talk about the disparities and how much they pay in industrialized countries like Europe and Japan for health insurance, and Canada, as compared to how much more they pay in our country.

It is no little surprise that today 80 percent of the uninsured in this country are gainfully employed. Unfortunately, my State of Texas also ranks number one in the percentage of uninsured working adults, with 27 percent of working Texans currently without health insurance.

□ 2045

This is a problem for all Americans as the uninsured often use emergency rooms as their primary source of medical care. In fact, a study of emergency room use in Harris County found that 57 percent of the diagnoses made in safety net hospital emergency rooms could have been treated in a physician's office or clinic. This increases health care costs for all Americans.

The uninsured are less likely to seek preventive health care and only get care once their problems reach emergency proportions. In fact, nearly 50 percent of uninsured adults have postponed seeking health care because they

cannot afford it. Only 15 percent of those individuals with health insurance have postponed care for this reason.

It is no surprise that the uninsured and underinsured are generally more expensive to treat because they fall through the cracks in our health care system. Unfortunately, the policies that this Congress has supported only serve to widen those cracks.

Despite being faced with record levels of uninsured individuals, this Congress has put Medicaid cuts at the top of the budget agenda. Medicaid is the health insurer of last resort in this country, and subjecting this critical program to budget cuts will only serve to further increase the number of Americans without health insurance.

Where does Congress think these folks will go once they are dropped from the Medicaid rolls? The answer is simple: They will join the ranks of the uninsured, and in doing so, they will be three times more likely to postpone health care, three times more likely to forego filling a prescription, and three times as likely to be hounded by collection agents for payments on medical care they do seek out. This is not the way to ensure that our citizens are healthy, productive members of our society.

The Federal Government needs to renew its commitment to the most vulnerable members of our society. Faced with record levels of uninsured, we should be adding people to the Medicaid and SCHIP rolls, not dropping them. We should expand the SCHIP program to include parents of these CHIP children. That policy option alone would provide health insurance to 67 percent of CHIP parents in Texas.

We should restore funding for the HCAP program, which in my community, has helped enroll an additional 250,000 individuals in Medicaid and CHIP, while also directing the uninsured away from ERs and toward an appropriate health care home. These are programs that work.

What does not work is picking a budget number out of thin air and forcing Members to chop away at a program until it fits that number. It is shameful that Congress is balancing the budget on the backs of low-income families. If we are going to get this country's health care system out of the ditch, we must stop digging that ditch.

HEALTH RISKS ASSOCIATED WITH INHALED COMPOUNDED DRUGS USED IN NEBULIZERS

The SPEAKER pro tempore (Mr. REICHERT). Under a previous order of the House, the gentleman from New Jersey (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of New Jersey. Mr. Speaker, today, Americans with asthma, emphysema, and other respiratory diseases are being exposed, without their knowledge or consent, to serious and unnecessary health risks associated with inhaled compounded drugs used in their nebulizers.

Mr. Speaker, to my left are FDA-approved generic and brand medications proven to be safe, effective, and manufactured in a sterile manner. I would ask Members to notice that critical information, such as lot number, expiration date, manufacturer, drug name, and dose are embossed on the plastic vial.

These, Mr. Speaker, on this next board, are not FDA-approved medications. They were compounded or mixed in a pharmacy under conditions that may or may not be sterile. They are not clinically proven to be safe or effective. Notice there is no lot number, no expiration date, no manufacturer or sterility notice. Absence of this critical information in labeling and advertisements to patients and prescribers is, at best, misleading.

In addition, notice here the glue-fixed paper labels. The FDA, Mr. Speaker, does not approve of these types of paper labels because they are known to leach carcinogenic ink and glue chemicals into the medication in the vials the patient inhales into their lungs.

Mr. Speaker, physicians write their prescriptions for FDA-approved brand names and generic medications. Patients think that what the doctor prescribes is what they are going to receive. But through a sleight of hand, some compounding pharmacists are having the prescriptions switched to these types of unapproved and unproven drugs.

What happens is that the patient gets a phone call or sees a TV ad or something on the Web saying that this seemingly benign and reputable company will deliver their nebulizer drugs right to their door if they just sign a form. By signing, they essentially agree to a substitution of the medication from what the doctor prescribed to whatever substance the compounding pharmacist is whipping up in his back room or factory.

Oftentimes, the original prescribing physician does not even know the substitution or switch has occurred. Patients and physicians do not know until something goes tragically wrong, and wrong in this case can be a worsening symptom, or even death.

You might ask how this is happening, Mr. Speaker. Well, a new industry has emerged in recent years: Mass pharmacy manufacturing under the guise of traditional pharmacy compounding. Relying on lax State standards and arguing that Federal standards do not apply, these companies manufacture and distribute millions of doses of compounded nebulizer medications each year. Mass pharmacy manufacturing is not to be confused with traditional pharmacy compounding, a public health service when a patient has a medical condition for which no proven commercially available medication exists.

Normally, the patient, prescriber and compounding pharmacist discuss the risks and benefits together and mon-

itor the patient carefully throughout the illness. In many cases, however, this is not happening. Medical experts agree that the risk of using these unproven drugs, mass manufactured outside the parameters of FDA regulation, are unacceptable, especially when FDA-approved medications are available.

These drugs, Mr. Speaker, are not FDA-approved. They are not established generic equivalents of FDA-approved brand name medications. They are not proven to be safe or effective and do not meet FDA standards for sterility. The origin and quality of raw ingredients are not disclosed.

The absence of disclosure and drug labeling in advertisements is indeed misleading, and I am concerned. So are patient and clinician organizations, led by the Allergy and Asthma Network/Mothers of Asthmatics. It is time for Congress to get to the bottom of this issue and find out why these products are allowed to be sold with misleading labeling and without FDA approval. And, further, why in many cases Medicare and Medicaid are reimbursing for these unproven and unapproved mass manufactured products.

PROPOSED INDIAN GAMBLING CASINO IN COLUMBIA RIVER GORGE NATIONAL SCENIC AREA IN OREGON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. WU) is recognized for 5 minutes.

Mr. WU. Mr. Speaker, tonight I rise to express my deepest concern about a proposed Indian gambling casino in the Columbia River Gorge National Scenic Area in Oregon.

On April 6, 2005, Oregon Governor, Ted Kulongoski and the Confederated Tribes of the Warm Springs signed a Tribal-State compact. The compact would allow a off-reservation Indian gambling casino in the Columbia River Gorge National Scenic Area. The Columbia River Gorge is the crown jewel of Oregon's many natural wonders, a spectacular and unique sea-level cut through the Cascade Mountain Range. It is 80 miles long and up to 4,000 feet deep. The Columbia River flows between the Gorge's north walls in Washington State and its south walls in Oregon. It is a natural wonder and a National Scenic Area.

The proposed 500,000 square foot gambling casino would dramatically alter the Columbia River Gorge and have a significant negative effect on the environment by increasing traffic, congestion, and air pollution. Specifically, the proposed casino would draw an estimated 3 million visitors per year for non-Gorge related reasons, resulting in perhaps a million additional vehicle trips per year. This increased traffic would exacerbate existing air pollution problems in the Columbia River Gorge. State and Federal agencies have already determined that air quality in